

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030591

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7704

STATE FILE NUMBER

FILED AUG 1 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Wright	
1	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI	Length of stay in lb 3 weeks	c. CITY OR TOWN Mtn. Grove
2 11/1		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3		3. NAME OF DECEASED (Type or print) First Middle Last HOWARD THORNTON		4. DATE OF DEATH Month Day Year July 26 1963
4 6		5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
5 1		8. DATE OF BIRTH 1-8-1878	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days
6		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Kansas
7 1		12. CITIZEN OF WHAT COUNTRY U.S.A.	13a. FATHER'S NAME Dave Thornton	
8 1		13b. MOTHER'S MAIDEN NAME Rachel West	14. NAME OF HUSBAND OR WIFE Bell Thornton	
9		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT Address Bell Thornton Mt. Grove, Mo.
10		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of colon		INTERVAL BETWEEN ONSET AND DEATH 11 yrs.
11		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1538		
12 52-0		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
13 52		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
	20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
	21. I attended the deceased from 8/8/55 to 7/26/63 and last saw him alive on 7/26/63 Death occurred at 10:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
	22a. SIGNATURE (Degree or title) C. D. Vermillion M.D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 7/27/63	
	23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-30-63	23c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery	
	23d. LOCATION (City, town, or county) Wright, Co., Mo.	23e. DATE RECD. BY LOCAL REG. JUL 21 1963	23f. REGISTRAR'S SIGNATURE Earl Smith M.D.	
	24. FUNERAL DIRECTOR BARBER - Mountain Grove, Mo.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Bob Davis, Student Embalmer No. 678,

working under my personal supervision.

Student Bob Davis
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.